

471-000-101 Explanation of Form MC-85, "Supplemental Explanation of Medicaid Benefits"

Use: Form MC-85, "Supplemental Explanation of Medicaid Benefits," is a computer-generated form which uses the client quality control samples and paid medical claims. Form MC-85 is generated on a monthly basis for quality control samples for which medical claims were paid during the month. The client is asked to verify whether the health care services listed were received.

Number Prepared: Form MC-85 is generated in duplicate.

Data Content:

1. Recipient: The name, address, and case number of the client.
2. Claim Reference: The unique document number of the claim that was paid.
3. Medical Provider: The name of the medical provider.
4. Dates of Service From & To: The beginning and ending dates of service.
5. Amount Paid: The amount paid in behalf of the client.
6. Explanation: A narrative description of the services provided.

Distribution: NDPW sends one copy of Form MC-85 to the client whose name and address appears on the form. The second copy is retained in the Central Office.

Follow-Up: The client is asked to notify his/her worker or the Central Office if the service was not received, or if the service was rendered by another provider than the one listed. The county shall complete and forward Form DPW-17, "Question Referral Form," to the Division of Medical Services for resolution.

Retention: The client retains his/her copy as long as s/he desires. The Central Office retains its copy until the appropriate state assessment is completed.

STATE OF NEBRASKA
DEPARTMENT OF PUBLIC WELFARE

94

FORM HC-85 06-78 SUPPLEMENTAL EXPLANATION OF MEDICAID BENEFITS PAGE 1
PROCESSING MONTH 01/83

***** THIS IS NOT A BILL OR CHECK *****

YOUR HELP IS NEEDED TO CHECK THE ACCURACY OF THE FOLLOWING HEALTH CARE SERVICES RECENTLY PAID BY THE WELFARE DEPARTMENT ON YOUR BEHALF. IF YOU DID NOT RECEIVE ANY OF THE SERVICES AS LISTED, PLEASE INFORM YOUR CASE WORKER OR WRITE TO -

NEBRASKA DEPARTMENT OF PUBLIC WELFARE
CLAIM REVIEW, MEDICAL SERVICES DIVISION
301 CENTENNIAL MALL SOUTH, 5TH FLOOR
LINCOLN, NEBRASKA 68509

Erroll Flynn 987654321-01
For Erroll Flynn
Friendly Nursing Home
123 4th Street
Smallville NE 68000

CLAIM REFERENCE	MEDICAL PROVIDER	DATES OF SERVICE FROM	TO	AMOUNT PAID
21932210	Smallville Pharmacy	11/27/82	11/27/82	164.98

PAYMENT FOR MEDICAL SUPPLIES